

COUNTY:

DATE APPROVED BY OCAP:

CAPIT/CBCAP/PSSF PROGRAM AND EVALUATION DESCRIPTION

PROGRAM DESCRIPTION TEMPLATE

[REFERENCE PAGE 51-53 OF THE INSTRUCTION MANUAL]

PROGRAM NAME

SERVICE PROVIDER

PROGRAM DESCRIPTION

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

TARGET POPULATION

TARGET GEOGRAPHIC AREA

TIMELINE

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING (EXAMPLE* PROVIDED BELOW)

Desired Outcome	Indicator	Source of Measure	Frequency
*Parents increase knowledge of child development	*80% of Parents show improvement	* Paper-based Pre & Post Parent Survey	*Completed by participants at program entry & exit

CLIENT SATISFACTION (EXAMPLE* PROVIDED BELOW)

Method or Tool	Frequency	Utilization	Action
*Satisfaction Survey	*Completed by participants after each parenting class & at end of session	* Surveys reviewed after each session	* Problem areas addressed by staff, as appropriate to resolve issues and ensure continuous quality improvement